

	Claims	Number		Number		Basic Fee
For	Filed	Free		Extra	Rate	\$345.00
Total Claims	16	20	=	0	\$9.00	\$ 0.00
Independent Claims	9	3	=	6	\$39.00	\$ 234.00
Multiple Dependent Claim Fee					\$130.00	\$130.00
TOTAL FILING FEE						\$709.00

PATENT
Attorney's Ref. No. 5673-55696

- ☐ A check in the amount of _____ to cover ☐ filing fee and ☐ assignment recordal fee is enclosed.
- ☐ Please charge our Deposit Account No. 02-4550 in the amount of _____. This sheet is submitted in **triplicate**.
- ☐ The Director is hereby authorized to charge any additional fees which may be required in connection with the filing of this application and recording any assignment filed herewith, or credit over-payment, to Account No. 02-4550. A copy of this sheet is enclosed.
- ☒ Please return the enclosed postcard to confirm that the items listed above have been received.
- ☒ This application claims priority from GB 9916703.3, filed 16 July 1999, which is fully incorporated by reference.

Respectfully submitted,

KLARQUIST SPARKMAN CAMPBELL
LEIGH & WHINSTON, LLP

By William D. Noonan
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Registration No. 30,878

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cc: Docketing